

**CHILD CARE GROUP HOME
STAFF AND HOUSEHOLD MEMBER¹ FILES**

R9-3-305.A.1.

☐ a. Name¹: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Phone#: _____ Cell#: _____

Start Date: _____ Position/Relationship: _____

☐ b. ☐ First Aid Certified (Certificate Expires _____) ☐ CPR Certified (Certificate Expires _____)

☐ c. Verification of Fingerprint Registration (staff and household members¹ 18 years of age and older)

- ☐ *Original* signed and Notarized *Criminal History Affidavit* dated _____
- ☐ copy of the *Applicant Fingerprint Registration Application* (application # _____)(date _____)
- ☐ copy of the *Fingerprint Clearance Card* (expiration date _____)(# _____)
- ☐ DPS contacted (date _____) (person _____) (status _____)

☐ d. Provider Requirements - must be 21 years of age and have:

- ☐ Certificate of Completion of the Department's Orientation
- ☐ High School Diploma/GED or higher **and**
- ☐ 3 credit hours **or** ☐ 60 clock hours of workshops **or** ☐ be registered as a Level II-B with S*CCEEDS **and**
- ☐ reside in the home

☐ e. Assistant Provider Requirements – must be 18 years of age and have:

- ☐ High School Diploma/GED or higher **or** ☐ be registered as Level II-A with S*CCEEDS **and have at least**
- ☐ 2 credits hours **or** ☐ 30 hours of workshops

☐ f. Unsupervised Staff Requirements – must be 18 years of age and have:

- ☐ High School Diploma/GED or higher **or** ☐ be registered as a Level II-A with S*CCEEDS

☐ A supervised staff member may be 16 years of age **or** registered as Level I with S*CCEEDS (R9-3-303.1.)

☐ g. Documents required by R9-3-303(6) (Staff and Household Members¹ 12 years and older)

- ☐ Mantoux TB Test Results (w/in 1 year prior to start or w/in 12 hours of start date) _____ (date of test)
- ☐ A physician's written statement that the individual is free from TB

☐ h. Immunization Statement¹: In Compliance with Arizona State Law, the undersigned does hereby testify that, to the best of his/her knowledge, immunizations against measles, rubella, diphtheria, and tetanus are current.

Signature: _____ **Date:** _____

☐ i. Written Documentation of Training required by R9-3-303(9) within 10 days of start date: _____ (date of training)

☐ j. Written Documentation of Training required by R9-3-303(10)

Twelve Hours of Annual Training based on start date '05/'06: _____ hrs; '06/'07: _____ hrs; '07/'08: _____ hrs

☐ k. 2 Good Faith Effort Reference Checks of previous employers

Per R9-3-412.B.5. If an adult staff person is a vehicle driver for transportation for the home, they possess a current and valid Arizona driver's license which expires on: _____ and are current in first aid and CPR.

¹ THE HOUSEHOLD MEMBERS NOT INVOLVED WITH CHILD CARE AND LIVING IN THE CERTIFIED CHILD CARE GROUP HOME, MUST HAVE THESE DOCUMENTS IN THEIR FILES.